

#### **HEALTH ANNUAL STATEMENT**

## FOR THE YEAR ENDING DECEMBER 31, 2010 OF THE CONDITION AND AFFAIRS OF THE

Fidelis SecureCare of Michigan Inc. 3744 NAIC Company Code 10769

·		3744 NA	AIC Company Code	10769	Employer's ID Number	30-0312489		
Organized under the Laws of	of	Michigan	, State	of Domicile or	Port of Entry	Michigan		
Country of Domicile			United	l States		_		
Licensed as business type:	·		Property/Casualty	-	Service Corporation [ ]			
	Vision Service Co	rporation [ ]	Other [ ]		n Maintenance Organization			
	Hospital, Medical	& Dental Service	e or Indemnity [ ]	Is HM	O, Federally Qualified? Yes	[X] No[]		
Incorporated/Organized	12/0	09/2004	Commence	ed Business	07/15/2	005		
Statutory Home Office	38777 W	est Six Mile Roa		,	Livonia, MI 481			
		(Street and Number	er)		(City or Town, State and Z	ip Code)		
Main Administrative Office				artingale Road, Street and Number)				
	haumburg, IL 60173			,	847-605-0501			
· •	or Town, State and Zip Code		20	(A	Area Code) (Telephone Number)			
Mail Address	20 North Martingal (Street and Num		,		Schaumburg, IL 60173 (City or Town, State and Zip Coo			
Primary Location of Books	and Records		20	North Marting	ale Road, Suite 180			
Sc	haumburg, IL 60173			(Street a	and Number) 847-592-9161			
	or Town, State and Zip Code	e)		(A	Area Code) (Telephone Number)			
Internet Website Address			www.	fidelissc.com				
Statutory Statement Contac	t <u>D</u>	aniel Mark Erick	son	_	847-592-9161			
dan.e	rickson@fidelissc.co	(Name) m		(Area Code) (Telephone Number) (Extension) 847-517-1085				
	(E-mail Address)				(FAX Number)			
			OFFICERS					
Name		Title	OFFICERS	Name		Title		
Catherine Joan Kiley I		President	Samue	el Randolph Wi	llcoxon Mr. ,	Secretary		
Dawn Marie Gilbert M	S. #,	Treasurer	TUED OFFICE	D0	<u> </u>			
		U	THER OFFICE	KS				
		DIDEC	TORS OR TRU	ISTEES				
Samuel Randolph Willcox	on Mr. J	erome Wilborn I		ea Carlotta Rov	we Ms. #			
•								
State of								
County of		ss						
above, all of the herein describthis statement, together with reof the condition and affairs of completed in accordance with that state rules or regulations respectively. Furthermore, the	ped assets were the abselated exhibits, schedule the said reporting entity the NAIC Annual Statem equire differences in repscope of this attestation	olute property of the sand explanations as of the reporting nent Instructions are porting not related by the described	the said reporting entity, free therein contained, annex period stated above, and daccounting Practices are to accounting practices and officers also includes the	e and clear from ed or referred to of its income an d Procedures mad d procedures, accelered correspon	said reporting entity, and that cany liens or claims thereon, excis a full and true statement of all deductions therefrom for the panual except to the extent that: (cording to the best of their inform ding electronic filing with the Nanay be requested by various reg	ept as herein stated, and that the assets and liabilities and beriod ended, and have been 1) state law may differ; or, (2) nation, knowledge and belief, NC, when required, that is an		
Catherine Joan Preside		Sa	muel Randolph Willcox Secretary	on Mr.		e Gilbert Ms.		
Subscribed and sworn to b	efore me this	_		b. If no 1. S 2. D	nis an original filing? o, tate the amendment numbe ate filed umber of pages attached	Yes [ X ] No [ ] er02/28/2011		

#### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

			DOE / 111D 1			
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
	1 - 30 Days	31 - 60 Days	01 - 90 Days	Over 90 Days	Nonaumilleu	Admitted
0199999 Total individuals						
Group subscribers:						
				<b>1</b>		
	NON					
		· · · · · · · · · · · · · · · · · · ·				
			•			
			<b>†</b>	<b>†</b>		
				<b>1</b>		
				1		
0200007 Crown subscriber subtetal		)	Λ	0	0	
0299997 Group subscriber subtotal					0	
0299998 Premiums due and unpaid not individually listed						
0299999 Total group		J <b>L</b> D	J	L	0	
0399999 Premiums due and unpaid from Medicare entities			<b>-</b>	ļ		
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)		0	0	0	0	

#### **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT & TIEAETH SAILE RESERVADEES											
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted					
Individually Listed Receivables: Partners Rx											
Partners Rx.						259,218					
0199999 - Totals - Pharmaceutical rehate receivables	259,218					259.218					
Henry Ford Bicounty Hospital											
St. Johns Macomb Oakland Hospital		9,628		0	0	9,628					
Boulevard Hills Nursing Facility				12,025	12,025						
0299998 - Aggregate of amounts not individually listed above.	1,443	8,028	189		32,409						
Henry Ford Bicounty Hospital	21,636	17,656	189	44,434	44,434	39,481					
CMS.	42,674					42,674					
0699999 - Totals - Other Receivables	42,674					42,674					
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			<b>†</b>								
			<b>†</b>	+							
				•							
	·		<b>†</b>	<b>†</b>							
	-		<b>†</b>	<b>†</b>							
			<b></b>	<b>.</b>							
	<b>-</b>	<b> </b>	<b>†</b>	<b>-</b>	ļ						
	- <del> </del>										
0799999 Gross health care receivables	323,528	17,656	189	44,434	44,434	341,373					

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## ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Fidelis SecureCare of Michigan Inc.

#### EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)										
						<b>†</b>				
						•				
					<b>-</b>	<b>†</b>				
						1				
						-				
0100000 Individually listed claims uppoid	0		Λ		0					
0199999 Individually listed claims unpaid	V									
0299999 Aggregate accounts not individually listed-uncovered	173,374	325				173,699				
0499999 Subtotals	173,374	325	0	0	0	173,699				
0599999 Unreported claims and other claim reserves	110,014	020	<u> </u>	V		2,842,717				
0699999 Total amounts withheld						2,012,717				
0799999 Total claims unpaid						3,016,416				
0899999 Accrued medical incentive pool and bonus amounts						65.459				

#### **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

EXHIBIT 0 - AMOUN		<u> </u>	·, 00001017	1111071110	<u> </u>		
1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables:		•	•				
Individually Listed Receivables: Fidelis SeniorCare, Inc	263,389					263,389	
·						· ·	
		• • • • • • • • • • • • • • • • • • • •			T		
					1		
				<b>†</b>	<b>†</b>	•	
				·····	<b></b>		
				•	•		
				ļ	ļ		
0199999 Individually listed receivables	263,389	0	0	0	0	263,389	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	263,389	0	0	0	0	263,389	0

#### **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

	<u> </u>			
1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Fidelis SeniorCare, Inc	ASA Agreement, Tax Sharing Agreement	112,347	112,347	
Fidelis SeniorCare, Inc	ASA Agreement, Tax Sharing Agreement	37,653	37,653	
	Ÿ			
0199999 Individually listed payables		150,000	150,000	0
0299999 Payables not individually listed		,		
0399999 Total gross payables		150,000	150,000	0

#### **EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1 Direct Medical	2 Column 1	3 Total	4 Column 3	5 Column 1	6 Column 1
	Expense	as a % of	Members	as a % of	Expenses Paid to	Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.5	64			70,464
2. Intermediaries	0	0.0	0	0.0		
3. All other providers	501,200	3.7	755	92.2		
Total capitation payments	571,664	4.3	819	100.0	0	571,664
Other Payments:	·					·
5. Fee-for-service	0	0.0	XXX	XXX		1
Contractual fee payments	11,927,016		XXX	XXX		11,927,016
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	948,074	7 . 1	XXX	XXX		948,074
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	12,875,090	95.7	XXX	XXX	0	12,875,090
13. Total (Line 4 plus Line 12)	13,446,754	100 %	XXX	XXX	0	13,446,754

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1	1 3 4 5								
'	-	3	Average	3	0 Intermedianda				
			Average Monthly		Intermediary's Authorized Control Level RBC				
			Monthly	Intermediary's	Authorized				
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC				
	NONE								
9999999 Totals			XXX	XXX	XXX				

#### **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

		1	2	3	4	5	6
Description		ost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	INON						
Medical furniture, equipment and fixtures							
Pharmaceuticals and surgical supplies							
Durable medical equipment							
5. Other property and equipment							
6. Total		0	0	0	0	0	0



### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

**REPORT FOR: 1. CORPORATION** (LOCATION) NAIC Group Code 3744 BUSINESS IN THE STATE OF Michigan **DURING THE YEAR 2010** NAIC Company Code 10769 Comprehensive (Hospital & Medical) 5 7 10 Federal Employees Medicare Vision Dental Health Benefit Title XVIII Title XIX Total Individual Group Supplement Only Only Plan Medicare Medicaid Other Total Members at end of: .650 .650 1. Prior Year .606 .606 2 First Quarter 3 Second Quarter .629 .629 .805 .805 4. Third Quarter 819 819 Current Year 8.364 8.364 6 Current Year Member Months **Total Member Ambulatory Encounters for Year:** 7. Physician 8. Non-Physician 9. Total 1,825 10. Hospital Patient Days Incurred 1,825 245 11. Number of Inpatient Admissions 245 .18.400.171 .18.400.171 12. Health Premiums Written (b) 13. Life Premiums Direct 14. Property/Casualty Premiums Written. ..18,400,171 .18,400,171 15. Health Premiums Earned. 16. Property/Casualty Premiums Earned .13,446,754 .13,446,754 17. Amount Paid for Provision of Health Care Services 14,019,049 14,019,049 18. Amount Incurred for Provision of Health Care Services

(a) For health business: number of persons insured under PPO managed care products	and number of persons under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 18,400,171



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 3744 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2010			NA	IC Company Code	10769
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	650	0	0	0	0	0	0	650	0	
2 First Quarter	606	0	0	0	0	0	0	606	0	
3 Second Quarter	629	0	0	0	0	0	0	629	0	
4. Third Quarter	805	0	0	0	0	0	0	805	0	
5. Current Year	819	0	0	0	0	0	0	819	0	
6 Current Year Member Months	8,364	0	0	0	0	0	0	8,364	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	1,825	0	0	0	0	0	0	1,825	0	
11. Number of Inpatient Admissions	245	0	0	0	0	0	0	245	0	
12. Health Premiums Written (b)	18,400,171	0	0	0	0	0	0	18 , 400 , 171	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	18,400,171	0	0	0	0	0	0	18 , 400 , 171	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	13,446,754	0	0	0	0	0	0	13 ,446 ,754	0	
18. Amount Incurred for Provision of Health Care Services	14,019,049	0	0	0	0	0	0	14,019,049	0	

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_ 0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 18,400,171

# Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

#### **SCHEDULE S - PART 3 - SECTION 2**

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
1	2	3	4	5	6	7	8	9	Outstanding :	Surplus Relief	12	13
NAIC								Reserve Credit	10	11	Modified	
Company	Federal ID						<b>Unearned Premiums</b>	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Company	Location	Type	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
21970	23 - 1502700	01/01/2010	One Beacon.	Pennsylvaia	SSL/1/A	128,372						
		l General Account	- Affiliates			128,372						
	0399999 - Total Authorized General Account					128,372						
0799999 -	Total Authorized	l and Unauthorized	d General Account			128,372						
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1599999	Totals					128,372						

#### **SCHEDULE S - PART 4**

**Reinsurance Ceded To Unauthorized Companies** 

				_		surance Ceded 10 U							
1	2	3	4	5	6	7	8	9	10	11	12	13	14 Sum of Cols 9+10+11+12+13
													Sum of Cols
NAIC					Paid and Unpaid					Funds Deposited by and Withheld from			9+10+11+12+13
Company Code	Federal ID	Effective		Reserve Credit	Losses Recoverable		Total			and Withheld from		Miscellaneous	But Not in
Octobally	Number	Date	Name of Deinstein	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	1 -44	T	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
Code	Number	Date	Name of Reinsurer	raken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
	Ī												
	T												
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	<b>†</b>												
1199999	Total												

# SCHEDULE S - PART 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		0000	millea)			
		1 2010	2 2009	3 2008	4 2007	5 2006
Α. (	DPERATIONS ITEMS					
,	Percentium	0	0	0	0	0
1.	Premiums				0	0
2.	Title XVIII-Medicare		132	309	299	139
3.	Title XIX-Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance		0	0	0	0
5.	Total hospital and medical expenses		0	0	0	(104)
B. I	BALANCE SHEET ITEMS					
	5		0	0	0	0
6.	Premiums receivable			U	Ω	U
7.	Claims payable		0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
9.	Experience rating refunds due or unpaid		0	0	0	0
10.	Commissions and reinsurance expense allowances		0	0	0	0
	unpaid			0	U	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
C. (	JNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
	• ,					
40	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		^	^	0	
	Funds deposited by and withheld from (F)		0	U	JU	0
	Letters of credit (L)		0	0	0	0
14.	Trust agreements (T)	0	0	0	0	0
15.	Other (O)	0	0	0	0	0

#### **SCHEDULE S-PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sneet to Identify Net Cr	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	7 , 149 , 081		7 , 149 , 081
2.	Accident and health premiums due and unpaid (Line 15)	0		0
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance.	XXX	0	0
5.	All other admitted assets (Balance)	836,332		836,332
6.	Total assets (Line 28)	7,985,413	0	7,985,413
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	3,016,416	0	3,016,416
8.	Accrued medical incentive pool and bonus payments (Line 2)	65 , 459		65,459
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)	0		0
11.	Reinsurance in unauthorized companies (Line 20)	0		0
12.	All other liabilities (Balance)	418,476		418,476
13.	Total liabilities (Line 24)	3,500,351	0	3,500,351
14.	Total capital and surplus (Line 33)	4,485,062	XXX	4,485,062
15.	Total liabilities, capital and surplus (Line 34)	7,985,413	0	7,985,413
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

## SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

Allocated By States and Territories  Direct Business Only							
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						
2. Alaska							
3. Arizona							
4. Arkansas							
5. California							
6. Colorado							
7. Connecticut  8. Delaware			-				
9. District of Columbia							
10. Florida							
11. Georgia							
12. Hawaii							
13. Idaho							
14. Illinois							
15. Indiana							
16. lowa							
17. Kansas							
18. Kentucky							
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts	MA						
23. Michigan	MI						
24. Minnesota				· · · · · · · · · · · · · · · · · · ·			
25. Mississippi	MS						
26. Missouri	MO						
27. Montana							
28. Nebraska							
29. Nevada							
30. New Hampshire							
31. New Jersey			-				
32. New Mexico							
33. New York							
34. North Carolina			-				
35. North Dakota							
36. Ohio							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee							
44. Texas							
45. Utah							
46. Vermont	VT						
47. Virginia							
48. Washington							
49. West Virginia							
50. Wisconsin							
51. Wyoming							
52. American Samoa							
53. Guam	GU						
54. Puerto Rico							
55. US Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada							
58. Aggregate Other Alien							
59. Totals		0		0	0	0	

## SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
					Purchases, Sales or							
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on Losses
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Any Other Material Activity Not in the Ordinary Course of		and/or Reserve
Company	Federal ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
12288 12597	20 - 2214150 84 - 1704073 30 - 0312489 16 - 1719046	Fidelis SecureCare of North Carolina Inc					(1,330,601) (356,591) (2,593,996) 4,498,788				(1,330,601) (356,591)	
12597	84 - 1704073	Fidelis SecureCare of Texas, Inc					(356,591)				(356,591)	
10769	30-0312489	Fidelis SecureCare of Michigan Inc					(2,593,996)				(2,593,996) 4,498,788	
3744	16-1/19046	Fidelis SeniorCare Inc.					4,498,788				4,498,788	
		Fidelis Healthcare Services, Inc					(217,600)				(217,600)	
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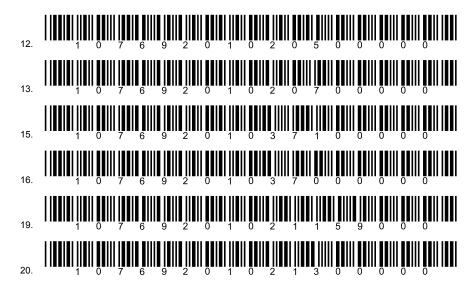
#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?  JUNE FILING	1E0
8.		YES.
9.		YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of <b>NO</b> to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code ment is required of your company but is not filed for whatever reason enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory	will be printed below. If the
	MARCH FILING	
11.	· · · · · · · · · · · · · · · · · · ·	N0
12.	••	NO
13.		SEE EXPLANATION
14. 15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
16.	Will the actuarial opinion on non-quaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
	APRIL FILING	
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
20.		NO
21.	, , , , , , , , , , , , , , , , , , ,	SEE EXPLANATION
22.		SEE EXPLANATION
23.	AUGUST FILING  Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	ANATION:	
11.		
12.		
13.		
14. Le	ss than 100 shareholders	
15.		
16.		
17. Me	dicare Advantage Plans are not required to file.	
18. Me	dicare Advantage Plans are not required to file.	
19.		
20.		
21. Me	dicare Advantage Plans are not required to file.	
22. Me	dicare Advantage Plans are not required to file.	

BAR CODE:

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



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